Utah Department of Health, Child Care Licensing Out of School Time Program Initial Announced Inspection Checklist C -- Child Files

Progr	am Name:						Program ID #:	
Inspection Date: / /					Follow-Up Inspection Date: / /			
				CHILD	RECORD REVIEW ITEMS			
# Child Files Reviewed: Did child files reviewed match progra					If yes, enter numbers in the fields below. If no, leave blank and review corrected center Child			
			comple	eted Child Record Form?	Record Form on follow-up visit.			
Child	Admission I	Forms: Must in	clude at least	child's full name; DOB; parents'	name, address, phone #, and daytime phone #	; names of autl	norized pick-up people (if o	other than
parents); name and phone # of emergency contact (if available); and emergency medical transportation and treatment releases.						X = Compliance O = Noncompliance		
C 1.	Total # of	# of Incomplet	e # of	Compliance Rate: ("# of	% of Records in Compliance: (Move			
	ALL Child	or Missing	Complete	Complete Forms" divided by	Compliance Rate decimal point			
	Records:	Forms:	Forms:	"Total # of ALL Child Records	") 2 spaces to the right		Rule #	Level
							70-9(2)(a)(i)-(viii):10	2, 3
Child	Health Asse	essments						
C 2.	Total # of	# of Incomplet	e # of	Compliance Rate: ("# of	% of Records in Compliance: (Move		70-9(2)(b):10	2, 3
	ALL Child	or Missing	Complete	Complete Forms" divided by	Compliance Rate decimal point 2 spaces to			
	Records:	Forms:	Forms:	"Total # of ALL Child Records	") the right			
							70-14(4)(a)-(f):10	1, 3
Child	Health Asse	ssment Annua	l Updates					
C 3.	Total # of	# of Missing	# of	Compliance Rate: ("# of	% of Records in Compliance: (Move			
	ALL Child	Annual	Complete	Complete Forms" divided by	· · · · · · · · · · · · · · · · · · ·			
	Records:	Updates:	Forms:	"Total # of ALL Child Records	") 2 spaces to the right		Rule #	Level
							70-14(5):10	1, 3
Child Transportation Permission Forms (N/A if the program does not transport children.)								
C 4.	Total # of	# of Incomplet	e # of	Compliance Rate: ("# of	% of Records in Compliance: (Move			
	ALL Child	or Missing	Complete	Complete Forms" divided by	Compliance Rate decimal point			
	Records:	Forms:	Forms:	"Total # of ALL Child Records	") 2 spaces to the right		Rule #	Level

Notes:

70-9(2)(c):10